



**RACECOVER PROPOSAL FORM**

**NOTE:**

**You must answer the following questions honestly, truthfully and accurately. A failure to do so may mean that your policy may be avoided since the insurer will rely on the information you provide when entering into this policy.**

**Details of Proposer**

Insured's full name: .....  
Address: .....  
Occupation: ..... Date of birth: .....  
Name of Owner (if not insured): .....

Experience:

Yachting in general: ..... years. Racing: ..... years.

Qualifications:.....

Have you had any accidents/claims/losses in connection with any vessel you have sailed/owned/under your control in the last 5 years? YES / NO

If "YES", please provide details, including dates and amounts paid: .....

Have you ever been refused insurance? YES / NO

If "YES", please provide details: .....

Have you or any person you have allowed/may allow to use your craft, ever been charged with or convicted of any offence involving dishonesty of any kind, e.g. fraud, arson, robbery, smuggling, theft / handling stolen goods? YES/NO

If "YES", please provide details: .....

Previous insurers: .....

No claims bonus: .....

**Details of Vessel**

Name: ..... Type/model: .....  
 Length: ..... Builders: .....  
 Flag / registration: ..... Year built: .....  
 Material of hull: ..... Material of mast: .....  
 Date purchased: ..... Price paid: .....

Type of hull (Please Circle):    Mono            Catamaran    Trimaran  
 Type of rig (Please Circle):    Masthead    Fractional    Other: .....

Does the vessel have a Canting Keel? .....  
 Is the vessel a foiling vessel?    YES / NO  
 If **“YES”**, please advise whether the vessel was built to foil or has been modified to foil: .....

Age of standing rigging: .....years    If rod rigging when were the rod heads last replaced: .....

Replacement value of:  
 Mast: ..... Spars: .....  
 Sails\*: ..... Rigging: .....  
 Total: .....

(\* This amount should represent the maximum value of sails carried onboard at any one time not the maximum set at any one time and should exclude sails with a cloth weight of 0.75 oz or less.

Make / model of engine: ..... Inboard/Outboard    Year built: ..... H.P: .....

Fire Extinguishers (Please Circle):    Manual / Water / Foam / Automatic / CO2 / Other (please state): .....

**Values to be insured**

|                         |         |  |
|-------------------------|---------|--|
| 1) Vessel and equipment | £.....  | Excluding Mast, Spars, Sails and Rigging Values as above   |
| 2) Dinghy/Tender        | £ ..... | Make..... Age .....  |
| 3) Outboard motor(s)    | £ ..... | Make ..... Age ..... hp .....  |
| 4) Trailer / Cradle     | £ ..... |  |
| 5) Personal effects*    | £ ..... |  |
|                         |         | * Personal effects are defined as items that would not be sold with the vessel and are limited to £250 any single item (or equivalent currency) unless specifically declared |
| 6) Life-raft            | £ ..... |  |
| Total sum to be insured | £ ..... | Including Mast, Spars, Sails and Rigging Values as above   |

**Use of vessel and coverage**

Use (Please Circle): Private pleasure only Skipper charter Other: .....

Where will the yacht be moored: .....

Location of lay-up: ..... Ashore or Afloat? .....

Month's in-commission: ..... to ..... Type of mooring: .....

Is the vessel subject to finance/mortgage? YES / NO

If "YES", please state name of finance company: .....

Third Party Limit required: £2,000,000 / €3,000,000 £3,000,000 / €4,500,000 Other: .....

Do you employ a paid skipper YES/NO

Do you employ any paid crew? YES / NO

If "YES", please provide names and details below:

.....  
 .....

Type of racing: Inshore club/event racing Inshore/offshore event Trans-Atlantic/Pacific/circumnavigation

Navigation limits:  UK inland & coastal waters & continental waters River Elbe to La Rochelle  
 Mediterranean waters  
 Other.....

**Racing Schedule**

Please provide below a list the racing events that you anticipate entering during this policy period:

.....  
 .....

**Statement of Fact**

We require that you confirm that the statements listed above are true and accurate at the date stated below:

Signed: ..... Dated .....

Full Name: .....

**DATA PROTECTION STATEMENT**

Hiscox MGA Ltd will use the information that you supply to administer your policy and deal with any claims. In addition your information will be used for the purposes of business development and trend, business and market analysis. Your information will be kept for as long as is required by the business for these purposes.

Where appropriate we will make checks with a licensed credit referencing agency and a record of any search will be made. Your details may be shared with insurance companies, members of the Lloyd's market and experts that may be appointed for the purposes of administering your policy and for dealing with any claims. We also exchange information with other approved organisations for underwriting and fraud prevention purposes. We will only reveal your personal data to other third parties if it is necessary for the performance of your agreement with us, you have given your consent or it is required or permitted by law. You can request a copy of the details that we hold about you. In the course of providing you with the services you have requested your data may be transferred to countries outside the European Economic Area. Although the data protection laws in some of these countries may not be as rigorous as those of the UK, we always take steps to ensure the security of your data.

We will not supply your personal information to any third party for the purposes of marketing and we will not contact you with details of any services or special offers that might be of interest to you.